

PATENT



07-16-02

GP/2814/\$

Attorney Docket No. MTI-31041-A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Ping, et al.
Serial No. : 10/046,497
Filing Date : October 26, 2001
For : Method For Forming Raised Structures by Controlled Selective Epitaxial Growth of Facet Using Spacer
Group Art Unit : 2814
Examiner : LE, Thao X.
Confirmation No. : 8624

RECEIVED
JUL 22 2002
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CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being:

Mailing

☒ deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

37 CFR 1.8(a)

37 CFR 1.10

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☐ transmitted by facsimile to Fax No. _____ addressed to Examiner _____ at the US Patent and Trademark Office

Date: 7-15-02

Assistant Commissioner for Patents
Washington, D.C. 20231

TRANSMITTAL

- Transmitted herewith is:
Response to Restriction Requirement and Preliminary Amendment (4 pages)
Replacement sheets for Claims (11 pages)
Blacklined version of Claims (11 pages)
Check in the amount of \$1,224
Return Postcard

STATUS

- Applicant is a large entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

☒ Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor.

☐ Applicant petitions for an extension of time under 37 C.F.R. ' 1.136 for the total number of months checked below [fees: 37 C.F.R. ' 1.17(a)(1)-(4)] :

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 390.00	\$ 195.00
<input type="checkbox"/> three months	\$ 890.00	\$ 445.00
<input type="checkbox"/> four months	\$ 1,390.00	\$ 695.00

Fee: \$0.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Claims Remaining After Amendment		Highest Number Previously Paid For		Rate (Small Entity)	Additional Fee or	Rate (Large Entity)	Additional Fee
Total 95	Minus	55	=	____ x 9= \$	\$	40 x 18	\$720.00
Independent 13	Minus	7	=	____ x 42= \$	\$	6 x 84	\$504.00

FIRST PRESENTATION OF MULTIPLE DEP CLAIM

TOTAL
ADDIT. Fee \$

or TOTAL
ADDIT. Fee \$1,224.00

c. ☐ No additional fee for claims is required.

d. ☒ Total additional fee for claims required \$1,224.00

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 23-2053.
If any additional fee for claims is required, charge Account No. 23-2053.

Date: July 15, 2002

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